

NON-COUNTY RESIDENT PROCEEDINGS COST CERTIFICATION

Wisconsin Statutes 51.20 (1-18), 51.40, 51.45(13), 70.60

PURPOSE: To certify and transmit from the county of proceedings to the subject's county of legal residence, costs incurred in civil commitment proceedings. The Department of Health and Family Services coordinates the inclusion of these costs in the certification of State Special Charges.

PART 1 – To be completed by Clerk of Courts - Attach Supporting Documentation

COUNTY OF LEGAL RESIDENCE	There must be clear and convincing documentation to support the claim of Legal Residence. The preferred form of documentation is a letter from the county's Department of Programs or Human Services, acknowledging the subject's County of Legal Residence. Refer to Wisconsin Statute 51.40 for additional guidelines.		
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Subject Information

Name – Last Initial Only	First	Middle	Case Number
Address	City	State	Zip Code

COUNTY OF PROCEEDINGS	Court Date	Disposition
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Court Activity – Proceedings Under: (Check One)

- | | |
|--|--|
| <input type="checkbox"/> Involuntary Commitment – Alcohol & Intoxication Treatment s. 51.45 (13) | <input type="checkbox"/> Recommitment, s. 51.45 (13) (h) |
| <input type="checkbox"/> Involuntary Commitment – Mental Health Treatment, s. 51.20 (1-15) | <input type="checkbox"/> Re-examination, s. 51.20 (16) |
| <input type="checkbox"/> Discharge by Habeas Corpus Proceedings, s. 51.45 (13) | |

Treatment Facility

- | | | |
|--|--|---|
| <input type="checkbox"/> Mendota Mental Health Institute | <input type="checkbox"/> Taycheedah Correctional Institute | <input type="checkbox"/> VA Tomah |
| <input type="checkbox"/> Winnebago Mental Health Institute | <input type="checkbox"/> Wisconsin Resource Center | <input type="checkbox"/> VA Madison |
| <input type="checkbox"/> Sand Ridge Treatment Facility | <input type="checkbox"/> UW Hospital | <input type="checkbox"/> Other – Specify: |

ITEMIZED COST OF PROCEEDINGS – Reimbursable expenses include the following cost codes.

- | | | |
|--------------------------------|-------------------------------|--|
| A. Examining Physician | C. Court and Judicial Officer | E. Other Cost – Requires Itemization and Justification |
| B. Interpreter, Juror, Witness | D. Sheriff and Staff | |

Name and Position	Code	Hours	Fees	Travel	Total
TOTAL					

CLERK OF COURTS STATEMENT

I confirm that this court did incur the above costs, which are not recoverable, for any other party or entity; and that clear and convincing documentation supports the cited legal residence.

Clerk of Court – Name and County (Type or Print)	SIGNATURE – Clerk of Court	Date Signed
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PART 2 – To be completed by County Clerk

COUNTY CLERK CERTIFICATION

I certify that the amounts stated above have been paid by _____ County. I further certify that the above charges totaling _____ are properly assessable against _____ County.

County Clerk – Name (Type or Print)	SIGNATURE – County Clerk	Date Signed
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DISTRIBUTION BY JULY 1:

Original, One Copy and Attachments	Department of Health and Family Services Bureau of Fiscal Services – Special Charges P O Box 7850 Madison WI 53707-7850	Copy – Clerk of Courts	Copy – County Clerk
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